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Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/718,755 | FILING DATE<br>11/21/2003<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>7678.810 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none ccd*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none ccd*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/19/2004

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance | STATE OR<br>COUNTRY<br>UT | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>32 | INDEPENDENT<br>CLAIMS<br>5 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature *CSH* Initials *CCD*

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TITLE  
 Water-indicating endodontic monitoring devices

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|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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